

## MDS-ALS Training: Mini-Series #3

Case Mix Team  
June 2022



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## MDS-ALS Training

### MDS-ALS Training: Agenda

- Follow up from Session #1 and #2
- Section G
- Section E
- Section J
- Section M
- Section P
- Documentation requirements
- Bonus (as time allows): Staff documentation for ADL

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MDS-ALS Assessment Tool

Sections G, E, J, M, and P




Means payment item

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**ADL SELF-PERFORMANCE**  
Measures what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days.

SECTION G. PHYSICAL FUNCTIONING

1. (A) ADL SELF-PERFORMANCE

0. **INDEPENDENT**—No help or oversight.—OR— Help/oversight provided only 1 or 2 times during last 7 days

1. **SUPERVISION**— Oversight, encouragement or cueing provided 3 or more times during last 7 days.—OR— Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days

2. **LIMITED ASSISTANCE**—Resident highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3 or more times.—OR— Limited assistance (3 or more times), plus weight-bearing support provided only 1 or 2 times

3. **EXTENSIVE ASSISTANCE**—While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times:  
— Weight-bearing support  
— Full staff performance during part (but not all) of last 7 days

4. **TOTAL DEPENDENCY**—Full staff performance of activity during last 7 days

5. **ACTIVITY DID NOT OCCUR DURING LAST 7 DAYS**

(B) ADL SUPPORT CODES (CODE for MOST SUPPORT PROVIDED OVER EACH 24 HOUR PERIOD) during last 7 days; code regardless of person's self-performance classification.

A

B

0. No setup or physical help from staff

1. Setup help only

2. One-person physical assist

3. Two+ persons physical assist

4. Activity did not occur during entire 7 days

SELF-PERFORMANCE

SUPPORT

a. **BED MOBILITY**—How resident moves to and from lying position, turns side to side, and positions body while in bed

b. **TRANSFER**—How resident moves between surfaces—to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet)

c. **LOCOMOTION**—How resident moves to and returns from other locations (e.g., areas set aside for dining, activities, or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair

d. **DRESSING**—How resident puts on, fastens, and takes off all items of street clothing, including donning/removing prostheses

e. **EATING**—How resident eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)

f. **TOILET USE**—How resident uses the toilet room (or commode, bed-pan, urinal); transfer on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes

g. **PERSONAL HYGIENE**—How resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum (EXCLUDE baths and showers)

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(A) ADL SELF-PERFORMANCE

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— Weight-bearing support  
— Full staff performance during part (but not all) of last 7 days

4. **TOTAL DEPENDENCE**—Full staff performance of activity during last 7 days

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B

0. No setup or physical help from staff

1. Setup help only

2. One-person physical assist

3. Two+ persons physical assist

8. Activity did not occur during entire 7 days

SELF-PERFORMANCE

SUPPORT

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a. <b>BED MOBILITY</b> — How resident moves to and from lying position, turns side to side, and positions body while in bed		
b. <b>TRANSFER</b> — How resident moves between surfaces—to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet)		
c. <b>LOCOMOTION</b> — How resident moves to and returns from other locations (e.g., areas set aside for dining, activities, or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair		
d. <b>DRESSING</b> — How resident puts on, fastens, and takes off all items of <b>street clothing</b> , including donning/removing prosthesis		
e. <b>EATING</b> — How resident eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)		
f. <b>TOILET USE</b> — How resident uses the toilet room (or commode, bed-pan, urinal); transfer on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes		
g. <b>PERSONAL HYGIENE</b> — How resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum (EXCLUDE baths and showers)		
h. <b>STAIRS</b> — How resident climbs stairs		

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## MDS-ALS Training

### Step 2: Calculate ADL score

#### Activities of Daily Living (ADL)

If response = 0, Score 0;  
If response = 1, Score 1;  
If response = 2, Score 2;  
If response = 3, Score 3;  
If response = 4, Score 4;  
If response = 8, Score 4;

G1Aa	Bed mobility, self-performance		
G1Ba	Transfer, self-performance		
G1Ca	Locomotion, self-performance		
G1Da	Dressing, self-performance		
G1Ea	Eating, self-performance		
G1Fa	Toilet Use, self-performance		
G1Ga	Personal hygiene, self-performance		
Total all ADL items to calculate ADL score			

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### 2. BATHING SELF- PERFORMANCE



How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (EXCLUDE washing of back and hair.) **Check for most dependent in self-performance** during last 7 days.

- ☐ 0. Independent—No help provided
- ☐ 1. Supervision—Oversight help only
- ☐ 2. Physical help limited to transfer only
- ☐ 3. Physical help in part of bathing activity
- ☐ 4. Total dependence
- ☐ 8. Activity itself did not occur during entire 7 days

### Step 3: Instrumental Activities of Daily Living and Bathing (IADL/B)

#### Bathing

If G2 = 0, Score=0;  
If G2 = 1, Score=1;  
If G2 = 2, Score=2;  
If G2 = 3, Score=3;  
If G2 = 4, Score=4;  
If G2 = 8, Score=0;

G2	Bathing, self-performance		
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### Section G5 IADL

**Intent:** To record the resident's self-care performance in IADL – instrumental activities of daily living (i.e., what the resident actually did for himself or herself and/or *how much help was required by staff members*) *each time the activity occurred during the last 30 days*.

**Documentation on daily flow sheet would include only the help the resident required by staff during the last 30 days; not coded every day unless the resident required assistance every shift and/or every day.**

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## MDS-ALS Training

### Section G5 IADL



5A. IADL SELF-PERFORMANCE	Code for level of independence in the <b>last 30 days</b> based on resident's involvement in the activity.
	<b>SELF-PERFORMANCE CODES:</b>
	0. INDEPENDENT: (with/without assistive devices)—No help provided.
	1. DONE WITH HELP: Resident involved in activity but help (including supervision, reminders, and/or physical help) is provided.
	2. DONE BY OTHERS: Full performance of the activity is done by others. The resident is not involved at all when the activity is performed.
	8. Activity did not occur in the last 30 days.
IADL	
a.	Resident arranged for shopping for clothing, snacks, other incidentals.
b.	Resident shopped for clothing, snacks, or other incidentals.
c.	Resident arranged for suitable transportation to get to appointments, outings, necessary engagements.
d.	Resident managed finances including banking, handling checkbook, or paying bills.
e.	Resident managed cash, personal needs allowance.
f.	Resident prepared snacks, light meals.
g.	Resident used phone.
h.	Resident did light housework such as making own bed, dusting, or taking care of belongings.
i.	Resident sorted, folded, or washed own laundry.

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Instrumental Activities of Daily Living		If response = 0, Score=0; If response = 1, Score=1; If response = 2, Score=2; If response = 3, Score=3; If response = 4, Score=4; If response = 8, Score=0;	
G5Aa	Arranging for shopping		
G5Ab	Shopping		
G5Ad	Managing finances		
G5Ae	Managing cash, allowance		
G5Af	Prepares snack		
G5Ah	Light housework		
G5Ai	Laundry		
Total IADL			
Total IADL and Bathing (IADL/B)			

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### Section E

Mood distress is a serious condition and is associated with declines in health and functional status. Associated factors include poor adjustment to the facility, functional impairment, resistance to daily care, inability to participate in or withdrawal from activities, isolation, increased risk of medical illness, cognitive impairment, and an increased sensitivity to physical pain. It is particularly important to identify signs and symptoms of mood distress among elderly residents because they are very treatable.

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## MDS-ALS Training



28 day  
look back

### SECTION E. MOOD and BEHAVIOR PATTERNS

1. INDICATORS OF DEPRESSION, ANXIETY, SAD MOOD	<p>(CODE: Record the appropriate code for the frequency of the symptom(s) observed <u>in last 30 days</u>, irrespective of the assumed cause)</p> <p>0. Not exhibited in last 30 days</p> <p>1. This type of behavior exhibited up to 5 days a week (a minimum of 4 times per month).</p> <p>2. This type of behavior exhibited daily or almost daily (6, 7 days/week)</p> <p><b>VERBAL EXPRESSIONS OF DISTRESS</b></p> <p>___ a. Resident made negative statements—e.g., "Nothing matters; Would rather be dead; What's the use; Regrets having lived so long; Let me die."</p> <p>___ b. Repetitive questions—e.g., "Where do I go; What do I do?"</p> <p>___ c. Repetitive verbalizations—e.g., calling out for help, ("God help me")</p> <p>___ d. Persistent anger with self or others—e.g., easily annoyed, anger at placement in facility; anger at care received</p> <p>___ e. Self deprecation—e.g., "I am nothing; I am of no use to anyone"</p> <p>___ f. Expressions of what appear to be unrealistic fears—e.g., fear of being abandoned, left alone, being with others</p> <p>___ g. Recurrent statements that something terrible is about to happen—e.g., believes he or she is about to die, have a heart attack</p> <p>___ h. Repetitive health complaints—e.g., persistently seeks medical attention, obsessive concern with body functions</p> <p>___ i. Repetitive anxious complaints/concerns (non-health related) e.g., persistently seeks attention/reassurance regarding schedules, meals, laundry, clothing, relationship issues</p> <p>(continued next page)</p>
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### Section E: Mood and Behavior Patterns (cont.)



1. INDICATORS OF DEPRESSION, ANXIETY, SAD MOOD	<p>(CODE: Record the appropriate code for the frequency of the symptom(s) observed <u>in last 30 days</u>, irrespective of the assumed cause)</p> <p>0. Not exhibited in last 30 days</p> <p>1. This type of behavior exhibited up to 5 days a week (a minimum of 4 times per month).</p> <p>2. This type of behavior exhibited daily or almost daily (6, 7 days/week)</p> <p><b>SLEEP-CYCLE ISSUES</b></p> <p>___ j. Unpleasant mood in morning</p> <p>___ k. Insomnia/change in usual sleep pattern</p> <p><b>SAD, APATHETIC, ANXIOUS APPEARANCE</b></p> <p>___ l. Sad, pained, worried facial expressions—e.g., furrowed brows</p> <p>___ m. Crying, tearfulness</p> <p>___ n. Repetitive physical movements—e.g., pacing, hand wringing, restlessness, fidgeting, picking</p> <p><b>LOSS OF INTEREST</b></p> <p>___ o. Withdrawal from activities of interest—e.g., no interest in long-standing activities or being with family/friends</p> <p>___ p. Reduced social interaction</p> <p><b>INDICATORS OF MANIA</b></p> <p>___ q. Inflated self-worth, exaggerated self-opinion; inflated belief about one's own ability, etc.</p> <p>___ r. Excited behavior, motor excitation (e.g., heightened physical activity; excited, loud or pressured speech; increased reactivity)</p>
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**Coding:** For each indicator apply one of the following codes based on interactions with and observations of the resident in the last 28 days. Remember; code regardless of what you believe the cause to be. (3/1/18)

**CODING:** (3/1/18)

0. Indicator exhibited less than one day each week in last 28 days
  1. Indicator exhibited one to five *days* per week during the past 28 days.  
**Behavior must have occurred at least one day every week.**
  2. Indicator exhibited daily or almost daily (6 to 7 *days* each week) during the past 28 days **or** the average of the four weeks is 6.0 or greater.
- NOTE: Average is defined as the total of the values for each week in the look back period divided by number of weeks in the look back period.**

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	A5 date		E1 items, enter number of <b>days</b> behavior occurred each week			
	weeks (7-day periods)		E1a	E1b	E1c	E1
<b>week 1</b>	1/19/18	1/25/18	7	1	3	
<b>week 2</b>	1/26/18	2/1/18	5	2	1	
<b>week 3</b>	2/2/18	2/8/18	6	0	2	
<b>week 4</b>	2/9/18	2/15/18	6	4	2	
			6.0	1.8	2.0	average



**Code 0:** if less than 1 or did not occur at least one day *every* week

**Code 1:** if the behavior occurred at least *one day every* week.

**Code 2:** if the *average* is greater than or equal to 6

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4. BEHAVIORAL SYMPTOMS		(COLUMN A CODES: Record the appropriate code for the frequency of the symptom in last 7 days) 0. Behavior not exhibited in last 7 days 1. Behavior of this type occurred 1 to 3 days in last 7 days 2. Behavior of this type occurred 4 to 6 days but less than daily 3. Behavior of this type occurred daily (COLUMN C CODES: History of this behavior in the last 6 months) 0. No 1. Yes	(COLUMN B CODES: Alterability of behavioral symptoms in last 7 days) 0. Not present or easily altered 1. Behavior not easily altered	A	B	C
		FREQUENCY	ALTERABILITY			HISTORY
a.	WANDERING (moved with no rational purpose, seemingly oblivious to needs or safety)					
b.	VERBALLY ABUSIVE BEHAVIORAL SYMPTOMS (others were threatened, screamed at, cursed at)					
c.	PHYSICALLY ABUSIVE BEHAVIORAL SYMPTOMS (others were hit, shoved, scratched, sexually abused, gross physical assault)					
d.	SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIORAL SYMPTOMS (made disruptive sounds, sexual behavior, disrobing in public, smeared/threw food/feces, hoarding, rummaged through others' belongings, stealing, self-abusive acts, substance abuse, self-mutilation)					
e.	RESISTS CARE (resisted taking medications/injections, ADL assistance, or eating)					
f.	INTIMIDATING BEHAVIOR (made others feel unsafe, at risk, privacy invaded)					
g.	ELOPEMENT					
h.	Dangerous non-violent behavior (e.g., falling asleep while smoking)					
i.	Dangerous violent behavior					
j.	FIRE SETTING					
5.	SUICIDAL IDEATION	Resident demonstrated suicidal thoughts or actions in the last 30 days: <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes				
6.	SLEEP PROBLEMS	Check all present on 2 or more days during last 7 days <input type="checkbox"/> a. Inability to awaken when desired <input type="checkbox"/> d. Interrupted sleep <input type="checkbox"/> b. Difficulty falling asleep <input type="checkbox"/> e. NONE OF ABOVE <input type="checkbox"/> c. Restless or non-restful sleep				
7.	INSIGHT INTO MENTAL HEALTH	Resident has insight about his/her mental problem <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No mental health problems				
8.	BEHAVIORS (Check only one)	Resident's current behavior status compared to resident's status 180 days ago (or since admission if less than 180 days): <input type="checkbox"/> 0. No change <input type="checkbox"/> 1. Improved <input type="checkbox"/> 2. Declined				

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## MDS-ALS Training

Section J covers Health Conditions and Possible Medication Side Effects...

A lot of territory!

- J1. Problem conditions
- J2. Extrapyramidal signs and symptoms
- J3 and 4. Pain Symptoms and location
- J5 and 6. Pain interference and management
- J7. Accidents
- J8. Fall risk

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## MDS-ALS Training

### Section J. Health Conditions and Possible Medication Side Effects

#### SECTION J. HEALTH CONDITIONS AND POSSIBLE MEDICATION SIDE EFFECTS

1.	<b>PROBLEM CONDITIONS</b>	(Check all problems present in last 7 days unless other time frame is indicated)	
		<input type="checkbox"/> a. Inability to lie flat due to shortness of breath <input type="checkbox"/> b. Shortness of breath <input type="checkbox"/> c. Edema <input type="checkbox"/> d. Dizziness/vertigo <input type="checkbox"/> e. Delusions <input type="checkbox"/> f. Hallucinations <input type="checkbox"/> g. Hostility <input type="checkbox"/> h. Suspiciousness	<input type="checkbox"/> i. Headache <input type="checkbox"/> j. Numbness/tingling <input type="checkbox"/> k. Blurred vision <input type="checkbox"/> l. Dry mouth <input type="checkbox"/> m. Excessive salivation or drooling <input type="checkbox"/> n. Change in normal appetite <input type="checkbox"/> o. Other (specify) _____ <input type="checkbox"/> p. NONE OF ABOVE

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## MDS-ALS Training

### Section M: Skin Condition

#### SECTION M. SKIN CONDITION

1.	<b>SKIN PROBLEMS</b> (Check all that apply.)	Any troubling skin conditions or changes in the last 7 days? <input type="checkbox"/> a. Abrasions (scrapes) or cuts <input type="checkbox"/> b. Burns (2nd or 3rd degree) <input type="checkbox"/> c. Bruises <input type="checkbox"/> d. Rashes, itchiness, body lice <input type="checkbox"/> e. Open sores or lesions <input type="checkbox"/> f. Other (specify) _____ <input type="checkbox"/> g. NONE OF ABOVE	
2.	<b>ULCERS</b> (Due to any cause.)	(Record the number of ulcers at each ulcer stage—regardless of cause. If none present at a stage, record "0" (zero). Code all that apply during last 7 days. Code 9=9 or more.) Requires full body exam. a. Stage 1. A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved. b. Stage 2. A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater. c. Stage 3. A full thickness of skin is lost, exposing the subcutaneous tissues—presents as a deep crater with or without undermining adjacent tissue. d. Stage 4. A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone.	Number at Stage <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.	<b>FOOT PROBLEMS</b>	a. Resident or someone else inspects resident's feet on a regular basis? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes b. One or more foot problems or infections such as corns, calluses, bunions, hammer toes, overlapping toes, pain, structural problems, gangrene toe, foot fungus, enlarged toe in last 7 days? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes	

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## MDS-ALS Training

### Section P: Special Treatments and Procedures

**SECTION P. SPECIAL TREATMENTS and PROCEDURES**

1. **SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS**

**a. SPECIAL CARE—Check treatments or programs received during the last 14 days [Note—count only post admission treatments]**

**TREATMENTS**

☐ a. Chemotherapy or radiation ☐ i. Training in skills required to return to the community (e.g., taking medications, house work, shopping, transportation, ADLs)

☐ b. Oxygen therapy ☐ j. Case management

☐ c. Dialysis ☐ k. Day treatment program

**PROGRAMS** ☐ l. Sheltered workshop/employment

☐ d. Alcohol/drug treatment program ☐ m. Job training

☐ e. Alzheimer's/dementia special care unit ☐ n. Transportation

☐ f. Hospice care ☐ o. Psychological rehabilitation

☐ g. Home health ☐ p. Formal education

☐ h. Home care ☐ q. NONE OF ABOVE

**b. THERAPIES—Record the number of days each of the following therapies was administered (for at least 15 minutes a day) in the last 7 calendar days (Enter 0 if none or less than 15 min. a day)**

(Note—count only post admission therapies)

(A) = # of days administered for 15 minutes or more

Check B if therapy was received at home or in facility

Check C if therapy was received out-of-home or facility

	Days (A)	ON SITE (B)	OFF SITE (C)
a. Speech-language pathology and auditory services			
b. Occupational therapy			
c. Physical therapy			
d. Respiratory therapy			
e. Psychological therapy (by any licensed mental health professional)			

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### Section P: Special Treatments and Procedures (cont..)

2. **INTERVENTION PROGRAMS FOR MOOD, BEHAVIOR, COGNITIVE LOSS**

(Check all interventions or strategies used in the last 7 days unless other time specified—no matter where received)

☐ a. Special behavior symptom evaluation program

☐ b. Special behavior management program

☐ c. Evaluation by a licensed mental health specialist in last 90 days

☐ d. Group therapy

☐ e. Resident-specific deliberate changes in the environment to address mood/behavior patterns—e.g., providing bureau in which to rummage

☐ f. Reorientation—e.g., cueing

☐ g. Validation/Redirection

☐ h. Crisis intervention in facility

☐ i. Crisis stabilization unit in last 90 days

☐ j. Other (specify) \_\_\_\_\_

☐ k. NONE OF ABOVE

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## MDS-ALS Training

### Section P: Special Treatments and Procedures (cont..)

3.	NEED FOR ON-GOING MONITORING	(Code for person responsible for monitoring)	
		0. No monitoring required	2. RCF Other Staff
		1. RCF nurse	3. Home health nurse
		<input type="checkbox"/> a. Acute physical or psychiatric condition - not chronic <input type="checkbox"/> b. New treatment/medication	

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## MDS-ALS Training

### Section P: Special Treatments and Procedures (cont..)

P4. Rehab / Restorative care (7 days)

P5. Skill Training (30 days)

P6. Adherence With Treatments/Therapies Programs (6 months)

P7. General Hospital Stays (6 months)

P8. Emergency Room (ER) Visits (6 months)

P9. Physician Visits (6 months)

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## MDS-ALS Training

### Section P: Special Treatments and Procedures (cont.)

10.	<b>PHYSICIAN ORDERS</b>	In the last 14 days (or since admission if less than 14 days in facility) how many days has the physician (or authorized assistant or practitioner) changed the resident's orders? Do not include order renewals without change. (Enter "0" if none)	
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**Note:** Code the number of days the physician changed the resident's orders, not including order renewals without change or clarification of orders, within the 14-day look back.

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## MDS-ALS Training

### Section P: Special Treatments and Procedures (cont..)

P11. Abnormal Lab Values (90 days)

P12. Psychiatric Hospital Stays (6 months)

P13. Outpatient Surgery (6 months)

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# MDS-ALS Training

## Calculating the Adult Family Care Home RUG Group

Item	Description	ALS Score (A)	ADL or IADL/B Score (B)		
<b>Adult Family Care Home RUG and Classification Group Calculator</b>					
Instructions: Using the codes from the MDS-ALS assessment form, enter the appropriate scores into Column (A) to determine the Assistance with Living Skills (ALS) score.					
<b>Step 1: Calculate Assistance with Living Skills score</b>					
<b>Modified Cognitive Skills</b>		If value B3=0 then Score=1, otherwise score =0			
B3	Cognitive skills for daily decision-making				
<b>Indicators of Depression, Anxiety, and/or Sad Mood</b>		Count number of items in Section E1 that are =0. If total count is 0, 1 or 2 then Score = 0; if total count is 3 or more, then score =1 in the shaded score area.			
E1a	Negative statements				
E1b	Repetitive questions				
E1c	Repetitive verbalizations				
E1d	Persistent anger with self or others				
E1e	Self-deprecation				
E1f	Expressions of what appear to be unrealistic fears				
E1g	Recurrent statements that something terrible is about to happen				
E1h	Repetitive health complaints				
E1i	Repetitive anxious complaints/concerns				
E1j	mood in morning Unpleasant				
E1k	Insomnia/change in usual sleep pattern				
E1l	Sad, pained, worried facial expressions				
E1m	Crying, tearfulness				
E1n	Repetitive physical movements				
E1o	Withdrawal from activities of interest				
E1p	Reduced social interaction				
E1q	Inflated self-worth				
E1r	Excited behavior, motor excitation				
Total					
<b>Assistance with use of the telephone or arranging transportation</b>		If value G5ac or G5ag=1 or 2, Score =1 in the shaded score area, otherwise enter 0 in the shaded area.			
G5ac	Transportation				
G5ag	Assistance to use telephone				
Total					
<b>Management of Incontinence Supplies</b>		If H4=0, Score=0; If H4=1, Score=1; If H4=2, Score=2; If H4=3, Score=3			
H4	Ability to manage incontinent supplies				
<b>Self-Administration of Medications</b>		If O5f=1, Score = 0; Otherwise Score = 1;			
O5f	Self-administration of over the counter medications				
<b>Medication Preparation and Administration</b>		If O6=0, Score=1; If O6=1, Score=2; If O6=2, Score=3; If O6=3, Score=0;			
O6	Did resident prepare and administer any of his/her own medications				
<b>Physician's Orders</b>		If value P10=0, Score=1; Otherwise Score=0.			
P10	Number of days physician changed orders				
Total of all shaded boxes in Step 1, column A. This is the Daily Living Assistance Score					
<b>Step 2: Calculate ADL score</b>					
<b>Activities of Daily Living (ADL)</b>		If response = 0, Score=0; If response = 1, Score=1; If response = 2, Score=2; If response = 3, Score=3; If response = 4, Score=4; If response = 5, Score=4.			
G1Aa	Bed mobility, self-performance				
G1Ba	Transfer, self-performance				
G1Ca	Locomotion, self-performance				
G1Da	Dressing, self-performance				
G1Ea	Eating, self-performance				
G1Fa	Toileting, self-performance				
G1Ga	Personal hygiene, self-performance				
Total of ADL items to calculate ADL score					
<b>Step 3: Instrumental Activities of Daily Living and Bathing (IADL/B)</b>					
<b>Bathing</b>		If Q2 =0, Score=0; If Q2 =1, Score=1; If Q2 =2, Score=2; If Q2 =3, Score=3; If Q2 =4, Score=4; If Q2 =5, Score=5.			
Q2	Bathing, self-performance				
<b>Instrumental Activities of Daily Living</b>		If response = 0, Score=0; If response = 1, Score=1; If response = 2, Score=2; If response = 3, Score=3; If response = 4, Score=4; If response = 5, Score=5.			
G5Aa	Arranging for shopping				
G5Ab	Shopping				
G5Ac	Managing finances				
G5Ad	Managing cash, allowance				
G5Ae	Traveling alone				
G5Af	Using housework				
G5Ag	Laundry				
Total IADL and Bathing (IADL/B)					
<b>MainCare Adult Family Care Home RUG group: Use scores from Assistance with Living Skills score and the higher of ADL and IADL/B scores to determine classification group from chart below.</b>					
<b>RUG code</b>					
RUG Code	ALS Score	ADL Score	IADL/B Score	Weight	Rate
1	AV2	ALS 7-9	ADL 7-9	1.657	\$91.62
2	AV1	ALS 7-9	ADL 0-6	1.210	\$85.90
3	AK5	ALS 5-6	ADL 7-9	1.360	\$75.19
4	AH1	ALS 5-6	ADL 0-6	1.027	\$56.78
5	AM2	ALS 2-4	IADL 12-18	0.804	\$51.09
6	AM1	ALS 2-4	IADL 10-11	0.804	\$44.45
7	AL1	ALS 0-4	IADL 0-9	0.551	\$30.47
8	BC1	Unclassified		0.001	\$30.47

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# MDS-ALS Training

## Step 1

Item	Description	ALS Score (A)	ADL or IADL/B Score (B)
<b>Adult Family Care Home RUG and Classification Group Calculator</b>			
Instructions: Using the codes from the MDS-ALS assessment form, enter the appropriate scores into Column (A) to determine the Assistance with Living Skills (ALS) score.			
<b>Step 1: Calculate Assistance with Living Skills score</b>			
<b>Modified Cognitive Skills</b>		If value B3=0 then Score=1, otherwise score =0	
B3	Cognitive skills for daily decision-making		
<b>Indicators of Depression, Anxiety, and/or Sad Mood</b>		Count number of items in Section E1 that are =0. If total count is 0, 1 or 2 then Score = 0; if total count is 3 or more, then score =1 in the shaded score area.	
E1a	Negative statements		
E1b	Repetitive questions		
E1c	Repetitive verbalizations		
E1d	Persistent anger with self or others		
E1e	Self-deprecation		
E1f	Expressions of what appear to be unrealistic fears		
E1g	Recurrent statements that something terrible is about to happen		
E1h	Repetitive health complaints		
E1i	Repetitive anxious complaints/concerns		
E1j	mood in morning Unpleasant		
E1k	Insomnia/change in usual sleep pattern		
E1l	Sad, pained, worried facial expressions		
E1m	Crying, tearfulness		
E1n	Repetitive physical movements		
E1o	Withdrawal from activities of interest		
E1p	Reduced social interaction		
E1q	Inflated self-worth		
E1r	Excited behavior, motor excitation		
Total			
<b>Assistance with use of the telephone or arranging transportation</b>		If value G5ac or G5ag=1 or 2, Score =1 in the shaded score area, otherwise enter 0 in the shaded area.	
G5ac	Transportation		
G5ag	Assistance to use telephone		
Total			
<b>Management of Incontinence Supplies</b>		If H4=0, Score=0; If H4=1, Score=1; If H4=2, Score=2; If H4=3, Score=3	
H4	Ability to manage incontinent supplies		
<b>Self-Administration of Medications</b>		If O5f=1, Score = 0; Otherwise Score = 1;	
O5f	Self-administration of over the counter medications		
<b>Medication Preparation and Administration</b>		If O6=0, Score=1; If O6=1, Score=2; If O6=2, Score=3; If O6=3, Score=0;	
O6	Did resident prepare and administer any of his/her own medications		
<b>Physician's Orders</b>		If value P10=0, Score=1; Otherwise Score=0.	
P10	Number of days physician changed orders		
Total of all shaded boxes in Step 1, column A. This is the Daily Living Assistance Score			

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## MDS-ALS Training

### Step 2

Item	Description	ALS Score (A)	ADL or IADL/B Score (B)
<b>Step 2: Calculate ADL score</b>			
<b>Activities of Daily Living (ADL)</b>		If response = 0, Score 0; If response = 1, Score 1; If response = 2, Score 2; If response = 3, Score 3; If response = 4, Score 4; If response = 8, Score 4;	
G1Aa	Bed mobility, self-performance		
G1Ba	Transfer, self-performance		
G1Ca	Locomotion, self-performance		
G1Da	Dressing, self-performance		
G1Ea	Eating, self-performance		
G1Fa	Toilet Use, self-performance		
G1Ga	Personal hygiene, self-performance		
<b>Total all ADL items to calculate ADL score</b>			

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## MDS-ALS Training

### Step 3

<b>Step 3: Instrumental Activities of Daily Living and Bathing (IADL/B)</b>			
<b>Bathing</b>		If G2 =0, Score=0; If G2 =1, Score=1; If G2 =2, Score=2; If G2 =3, Score=3; If G2 =4, Score=4; If G2 =8, Score=0;	
G2	Bathing, self-performance		
<b>Instrumental Activities of Daily Living</b>		If response = 0, Score=0; If response = 1, Score=1; If response = 2, Score=2; If response = 3, Score=3; If response = 4, Score=4; If response = 8, Score=0;	
G5Aa	Arranging for shopping		
G5Ab	Shopping		
G5Ad	Managing finances		
G5Ae	Managing cash, allowance		
G5Af	Prepares snack		
G5Ah	Light housework		
G5Ai	Laundry		
<b>Total IADL</b>			
<b>Total IADL and Bathing (IADL/B)</b>			

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## MDS-ALS Training

Final  
Step

MaineCare Adult Family Care Home RUG group: Use scores from Assistance with Living Skills score and the higher of ADL and IADL/B scores to determine classification group from chart below.

RUG code

	RUG Code	ALS Score	ADL Score	IADL/B Score	Weight	Rate 7/1/19
1	AV2	ALS 7-9	ADL 7-28		1.657	\$91.62
2	AV1	ALS 7-9	ADL 0-6		1.210	\$66.90
3	AH2	ALS 5-6	ADL 7-28		1.360	\$75.19
4	AH1	ALS 5-6	ADL 0-6		1.027	\$56.78
5	AM2	ALS 2-4		IADL 12-18	0.924	\$51.09
6	AM1	ALS 2-4		IADL 10-11	0.804	\$44.45
7	AL1	ALS 0-4		IADL 0-9	0.551	\$30.47
8	BC1	Unclassified			0.551	\$30.47

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## MDS-ALS Training

### Section S: Assessment Information and Signatures

#### SECTION S. ASSESSMENT INFORMATION

1.	<b>PARTICIPATION IN ASSESSMENT</b>	a. Resident: <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes b. Family: <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No Family c. Other Non-Staff: <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. None
2.	<b>SIGNATURES OF PERSONS COMPLETING THE ASSESSMENT:</b>	
	a. Signature of Assessment Coordinator (sign on line above) b. Date Assessment Coordinator signed as complete: <input type="text"/> / <input type="text"/> / <input type="text"/>	
	c. Other Signatures: _____ Title: _____ Sections: _____ Date: _____ d. _____ Date: _____ e. _____ Date: _____	
3.	<b>CASE MIX GROUP</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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# MDS-ALS Training

## Documentation Requirements for MDS-ALS for Adult Family Care Homes

One of the important functions of the MDS-ALS assessment is to generate an updated, accurate picture of the resident's health status.

This document is to help with the understanding of the what case mix team will be looking for to verify the MDS coding. this document is not to minimize the need to refer to the manual for all coding instructions. When you find conflicting reports about a resident's functioning in a particular area, seek additional information to clarify the issue and, when possible, resolve the apparent conflict. When a conflict remains, use your best judgment in reaching a decision.

**The S2b date must be signed as being complete within 7 days of the Assessment date (item A5). When calculating the due date for subsequent assessments, the S2b date is day 1. Clarification notes written after the S2b (completion) date will not be accepted as supporting documentation for case mix review purposes.**

### MaineCare Benefits Manual Chapter II, Section 2.07-1A.1 Assessments for Service Planning:

A person trained in the use of the MDS-ALS must conduct the initial assessment within 30 days of admission. Providers must use the Department-approved tool (MDS-ALS) according to the instructions in the training manual for the MDS-ALS tool.

### MaineCare Benefits Manual Chapter II, Section 2.07-1A.3 Reassessments:

After the initial assessment, the member shall receive an assessment using MDS-ALS at least once every six months, or sooner in the event of a significant change, either an improvement or decline, in his or her functional status. The assessments will be sequenced from the date in Section S.2.B. of the MDS-ALS, assessment completion date. Providers must complete subsequent assessments within 180 days from the date in S.2.B. Providers must complete significant change assessments within 14 days after determination is made of a significant change in resident status as defined in the training manual for the MDS-ALS tool. Providers must complete a resident tracking form within 7 days of the discharge, transfer or death. The provider must maintain all completed assessments within the previous 12 months in the member's active record.

### MaineCare Benefits Manual Chapter II, Section 2.07-1A.4.c Accuracy of Assessments:

The Department requires documentation to support the time periods and information coded on the MDS-ALS.

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# MDS-ALS Training

MDS-ALS Item	Field	Commentary
B3	Cognitive Skills for Daily Decision-Making	Clinical record must include documentation of the resident's actual performance in making everyday decisions about tasks or activities of daily living within the 7 day look back period. The documentation must include specific examples of resident behaviors and ability to make decisions to support the coding selected.
E1a-r	Indicators of Depression	Documentation in the clinical record to support the frequency of indicators coded on the MDS and as reported or observed in the last 28 days (or since admission if less than 28 days). Refer to the manual for the for specific coding requirements for the loss of interest items E1o and E1p.
G5ac G5ag	Assistance with telephone use; Assistance with arranging transportation	Staff daily documentation must include documentation within the 30-day look-back period must show the level of resident "self- performance" and staff involvement for each item for the days the activity occurred.  Documentation in the clinical record must support the level of independence that <i>best represents</i> the resident's functioning. Evidence based on review of staff documentation over the last 30 days.
H4	Use of incontinent supplies	Documentation within the record of resident's management of incontinence supplies (pads, briefs, ostomy and/or catheter supplies) within the 14-day look back. To "manage supplies" means to change the pad or brief, empty catheter and/or ostomy bag; it does not refer to ordering supplies or putting them away when supplies arrive.
O5f	Administration of OTC medications	Documentation within the 7-day look-back period must show that the resident DID NOT self-administer any OTC meds.
O6	Medication preparation and administration by the resident	Documentation must include a current physician order for resident self-administered medications AND Documentation within the 7-day look-back must show all medications that were <u>PREPARED</u> and <u>ADMINISTERED</u> by the resident.

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## MDS-ALS Training

P10	Physician order change days	Code the number of days there were changes in the physician's orders during the 14-day look back period. Written, telephone, fax or consultation orders for new or altered treatment. Does NOT include admission orders, re-entry orders, clarifying, or renewal orders without changes. Do NOT count orders received prior to the date of admission or re-entry.
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### Documentation for ADL Scores

MDS-ALS item	Field	Commentary
G1aa G1ba G1ca G1da G1ea G1fa G1ga	Bed mobility Transfer Locomotion Dressing Eating Toilet use Personal hygiene	Documentation to support the total picture of the resident's ADL self-performance over the 7-day look back period, 24 hours per day, with all shifts present. Only self-performance counts toward the ADL score. Refer to the MDS Training manual for coding of G1eA, Eating-Supervision.

### Documentation for IADL and Bathing Score

MDS-ALS Item	Field	Commentary
G2	Bathing (self-performance)	Documentation within the 7-day look-back period must show the resident's self-performance and support provided each time bathing (full body bath) occurred. Apply the code number that reflects the maximum amount of assistance, on the MDS Form.
G5aa G5ab G5ad G5ae G5af G5ah G5ai	Arrange shopping Shopping Manage finances Manage cash Prepare snacks Light housekeeping Laundry	Staff daily documentation must include documentation of resident "self-performance" and staff involvement for each item for the days the activity occurred, within the 30-day look-back period.  Documentation in the clinical record must support the level of independence that <i>best represents</i> the resident's functioning; documentation is based on review of staff documentation over the last 30 days.

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## MDS-ALS Training

### Questions?

If you have questions, email the MDS Help Desk or contact any of the case mix nurses.

Forum Calls are currently not held for Adult Family Care Homes. In the past there has not been an interest. If there is an interest, can you please send an email to the MDS Help Desk and let us know.

[MDS3.0.dhhs@maine.gov](mailto:MDS3.0.dhhs@maine.gov)

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## MDS-ALS Training

Reminders:

Call the MDS help desk to inquire or register for training.

ASK questions!

ASK more questions!

Attend training as needed

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## Case Mix Team Contact Information

- **MDS Help Desk:** 624-4095 or toll-free: 1-844-288-1612  
[MDS3.0.DHHS@maine.gov](mailto:MDS3.0.DHHS@maine.gov)
- **Debra Poland RN:** 215-9675  
[Debra.Poland@maine.gov](mailto:Debra.Poland@maine.gov)
- **Julia Jason, RN:** 441-8276  
[Julia.Jason@maine.gov](mailto:Julia.Jason@maine.gov)
- **Emma Boucher RN:** 446-2701  
[Emma.Boucher@maine.gov](mailto:Emma.Boucher@maine.gov)
- **Christina Stadig RN:** 446-3748  
[Christina.Stadig@maine.gov](mailto:Christina.Stadig@maine.gov)
- **Sue Pinette, RN:** 287-3933 or 215-4504 (cell)  
[Suzanne.Pinette@maine.gov](mailto:Suzanne.Pinette@maine.gov)

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## Questions?

**Sue Pinette RN, RAC-CT,  
Case Mix Manager  
207-287-3933**



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## MDS-ALS Training

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